

APPLICANT'S INFORMATION DISCLOSURE CITATION (Substitute Form PTO-1449B)		Attorney Docket: 92114.005US1	Serial No.: 10/607,623
		Applicant: Haim Danenberg	
		Filing Date: 06/27/03	Group Art Unit: 1614
NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	Translation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input checked="" type="checkbox"/> N/A
	1.	Gennaro, "Parenteral Preparations," <i>Remington: The Science and Practice of Pharmacy</i> , 20 th Ed., Ch. 41, pp. 780-920 (2000).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input checked="" type="checkbox"/> N/A
	2.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	3.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	4.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	5.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	6.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	7.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	8.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	9.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	10.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	11.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	12.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	13.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	14.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	15.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	16.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	17.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	18.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A
	19.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstract <input type="checkbox"/> N/A

Examiner Signature	Date Considered
EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP §609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.	